

## Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)

## SECTION A

DESCRIPTION		ACTIVE EMPLOYEES	RETIRING EMPLOYEES	COBRA CONTINUATION
1. Type of Action	New	Check if employee is enrolling for the first time, re-enrolling or reinstating from retirement.	Check if employee is continuing coverage into retirement.	N/A
	Cancel	Check if employee is canceling <u>all</u> coverage.	Check if employee elects to cancel current dental plan.	N/A
	Change	Check if employee is currently enrolled and is changing dental plans (only when authorized), adding or deleting family members.	Check only if employee is continuing coverage into retirement and current plan is not available in service area.	N/A
	COBRA			Check if employee/dependent enrolling in COBRA.
2. Social Security Number		Enter employee's social security number.	Enter employee's social security number.	Enter social security number of eligible person enrolling (i.e. employee, dependent, spouse).
3. Spouse's/Domestic Partner's Social Security Number		Enter spouse's or domestic partner's social security number (if applicable).	Enter spouse's or domestic partner's social security number (if applicable).	Enter spouse's or domestic partner's social security number if spouse is enrolled as a dependent of employee.
4. Name and Mailing Address		Enter employee's name and address as shown on EAR document.	Enter employee's name and mailing address as reported on CalPERS records.	Enter eligible person's name and address.
5. PI Employee		Check if employee's time base is Permanent-Intermittent (PI).	N/A	N/A
6. Marital Status	Married/Domestic Partner	Check if employee is married or has domestic partner.	Check if employee is married or has domestic partner.	Check if employee is married or has domestic partner.
	Single	Check if employee is not married.	Check if employee is not married.	Check if eligible person is a dependent continuing coverage.
7. Sex		Check appropriate box.	Check appropriate box.	Check appropriate box.

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## SECTION B

DESCRIPTION		ACTIVE EMPLOYEES	RETIRING EMPLOYEES	COBRA CONTINUATION
1. Name of Dental Plan	Action Code	*Enter name of dental plan employee is enrolling in.	*Enter name of dental plan employee will be enrolled in under CalPERS .	*Enter name of dental plan eligible person is currently enrolled in.
2. Provider Facility Number (if applicable)		Enter facility number if enrolling in a prepaid plan (i.e. DeltaCare USA or SafeGuard).	Enter facility number if enrolled in a prepaid plan (i.e. DeltaCare USA or SafeGuard).	Enter facility number if enrolled in a prepaid plan (i.e. DeltaCare USA or SafeGuard).
3. Enrollment Information		Enter "A" for new enrollments or when adding an eligible dependent. Enter "D" if dependent is being deleted.	Enter "A" for employee and each eligible dependent.	Enter "A" for enrollee and each eligible dependent.
	Name DOB Relationship	Enter full name, date of birth and relationship of eligible dependent to employee.	Enter full name, date of birth and relationship of eligible dependent to employee.	Enter full name, date of birth and relationship of eligible dependent to enrollee.

## SECTION C

DESCRIPTION		ACTIVE EMPLOYEES	RETIRING EMPLOYEES	COBRA CONTINUATION
1. Prior Dental Plan		Enter name of dental plan being cancelled or changed.	Enter name of dental plan employee is currently enrolled in, if employee elects to cancel dental coverage prior to retirement or where a change of plan is appropriate.	N/A

\* Delta Premier – Enhanced, Delta Premier – Basic, Delta Premier – Basic – Dependent Only, Delta Preferred Provider Option (PPO), DeltaCare USA, SafeGuard – Standard, SafeGuard – Enhanced. For Bargaining Units 5 and 6 employees, reflect the appropriate dental plan name.

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## SECTION D

DESCRIPTION		ACTIVE EMPLOYEES	RETIRING EMPLOYEES	COBRA CONTINUATION
1. Election Boxes	First Box	Check if eligible employee does not want dental coverage. Do not send form to SCO or DPA.	N/A	N/A
	Second Box	Check for new enrollment or change to current dental coverage.	Check if employee is continuing coverage into retirement.	Check if employee or eligible dependents are continuing coverage under COBRA.
	Third Box	Check for an employee electing to cancel coverage or if a department is cancelling coverage as an "administrative deletion".	Check if employee elects to cancel dental coverage.	N/A
2. Signature/Date Signed		Employee must sign name as shown in Section A, No. 4 and enter date signed. Administrative deletions or cancellations do not require employee signature.	Employee signature or Agency may type in "Administrative Document".	Person enrolling must sign name as shown in Section A, No. 4 and enter date signed.

## SECTION E

DESCRIPTION		ACTIVE EMPLOYEES	RETIRING EMPLOYEES	COBRA CONTINUATION
1. Employer Ded. Code	CSU-150	For use by CSU only.	For use by CSU only.	N/A
	Non-CSU-351	Check for all transactions, except cancellations.	N/A	N/A
2. Dental Org. Code		Enter three digit dental plan code that corresponds with the employee's choice of dental plan.	Enter three digit dental plan code of plan employee is currently enrolled in.	Enter three digit dental plan code of plan eligible person is enrolled in.

## Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)

## SECTION E (Continued)

DESCRIPTION		ACTIVE EMPLOYEES	RETIRING EMPLOYEES	COBRA CONTINUATION
3. Employee or COBEN Deduction Amount		Enter amount of employee's share of the premium to be deducted from employee's pay warrant. If amount is zero (i.e., for prepaid plans), leave blank.	Enter amount of employee's share of the premium to be deducted from employee's retirement warrant. If amount is zero (i.e., for prepaid plans), leave blank.	Enter total monthly premium to be paid by employee/eligible dependent.
4. Party Code		Enter "1" for employee only; "2" for employee and one dependent; or "3" for employee and two or more dependents. Enter "A" for employee and domestic partner. Enter "B" for employee and two or more dependents.	Enter "1" for employee only; "2" for employee and one dependent; or "3" for employee and two or more dependents.	Enter "1" for enrollee only; "2" for enrollee and one dependent; or "3" for enrollee and two or more dependents.
5. State Share Amount		Enter the amount of the State's contribution.	Enter the amount of the State's contribution.	N/A
6. Pay Period *		Enter the month and year (Example: month = 01; year = 6).	N/A	Enter the month and year enrollee lost coverage.
7. Employee Designation		Enter the employee's CBID as follows: E-Excluded; M-Management; S-Supervisory; C-Confidential; R-Represented.	N/A	N/A
8. Bargaining Unit		Enter two-digit number that corresponds to the CBID on the PAR document (Example: CBID is R04 - enter 04).	N/A	N/A
9. Total Premium Amount **		Enter total amount of premium (Amounts from Items E3 + E5 = E9).	Enter total amount of premium (Amounts from Items E3 + E5 = E9).	Enter total amount of premium (should be same amount as E3).

\* Premiums are always paid one month in advance, therefore the date will always be the pay period prior to the Effective Date shown in Item 14.

\*\* For CoBen employees, enter the total amount of the dental premium in E-3 & E-9.

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**SECTION E (Continued)**

Description		Active Employees	Retiring Employees	COBRA Continuation
<b>10. Prior Employer Deduction Code</b>		Check as indicated below only if the employee or department is cancelling all coverage.	N/A	N/A
	<b>CSU-150</b>	For use by CSU only.	N/A	N/A
	<b>Non-CSU-351</b>	Check for all cancellations.	N/A	N/A
<b>11. Prior Dental Organization Code</b>		Enter the three digit dental plan code only if employee or department is cancelling all coverage.	N/A	N/A
<b>12. Permitting Event Date</b>		Enter the date of the event permitting the action.	Enter employee's retirement date.	Enter the COBRA qualifying event date allowing enrollment
<b>13. Permitting Event Code</b>		Enter appropriate permitting event code.	N/A	NA
<b>14. Effective Date of Action</b>		Enter the appropriate effective date based on the action.	The effective date is determined by whether the separation date is before or after the 10 <sup>th</sup> of the month. (e.g., separation date is 4/8 and retirement date is 4/10 – effective date is 5/1; separation date is 4/15 and retirement date is 4/16 – effective date is 6/1.)	The effective date is the first of the month following the loss of dental coverage (e.g., enrollee loses coverage on 3/31; coverage would be effective 4/1.)
<b>15. Agency Code</b>		Enter the employee's agency code.	N/A	N/A
<b>16. Unit Code</b>		Enter the Employee's reporting unit number.	N/A	N/A
<b>17. Agency Name or System (if retired)</b>		Enter the name of the employee's department or agency.	Enter retirement system under which the employee will be retired (e.g., CalPERS Retired, Judges Retired, Legislative Retired).	Enter the name of the employee's department or agency.

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Description		Active Employees	Retiring Employees	COBRA Continuation
<b>18. Remarks</b>		As appropriate provide additional information in order to clarify the action being taken. Indicate the control period and hours worked during the six month qualifying control period for initial or re-enrollments of Permanent-Intermittent (PI) employees.	Enter the separation and retirement date.	Enter the qualifying event allowing the COBRA enrollment (e.g., divorce, dependent turned age 23, etc.). Provide a telephone number with area code if available.
<b>19. Authorized Agency Signature</b>		Signature of an authorized department representative.	Signature of an authorized department representative.	Signature of an authorized department representative.
<b>20. Telephone Number</b>		Enter the telephone number of the authorized department representative. Be sure to include area code.	Enter telephone number of the authorized department representative. Be sure to include the area code.	Enter the telephone number of the authorized department representative. Be sure to include the area code.
<b>21. Date Received in Employing Office</b>		Enter the date <b><u>received</u></b> in the employing office.	Enter the date the document was completed.	Enter the date document was completed.
<b>1. Original</b>	White	Send to SCO.	Send to CalPERS.	Send to dental carrier.
<b>2. Second Copy</b>	Yellow	Send to SCO.	Send to CalPERS.	Send to dental carrier.
<b>3. Third Copy</b>	Pink	Retain in employee's personnel file.	Retain in employee's personnel file.	Retain in employee's personnel file.
<b>4. Fourth Copy</b>	Green	Forward to employee.	Forward to retiring employee.	Send to enrollee.